# SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM (SHIP) Hospital Grant Application for Fiscal Year 2014 (FY14) September 1, 2014 – August 31, 2015

Due back to State Office of Rural Health (SORH) by: March 4, 2014

- 1) Email or Fax to Doreen Chamberlin Doreen.chamberlin@idph.iowa.gov or FAX 515-242-6384
- 2) Following submission of the full application, send hardcopy signature page with your original signature in blue ink by post to

Doreen Chamberlin 321 East 12<sup>th</sup> Street Lucas State Office Building 321 East 12th Street Des Moines, Iowa 50319

The Iowa SORH is submitting one SHIP application on behalf of all eligible Iowa hospital applicants to the Health Resources and Services Administration, Office of Rural Health Policy. This form must be completed and returned to the SORH for inclusion in the FY14 SHIP application.

A. Hospital Information:								
CAH status: Yes □ No □								
(Check one) Returning SHIP hospital (funded in FY13)  Or New SHIP hospital (not funded in FY13)								
If returning hospital, please answer the following questions:  Is there a change in hospital name since FY13 SHIP application?  Yes  No.					No 🗆			
ls t	here a change in	hospital addre	ess since FY13 SH	IIP application?	Yes 🗆	No 🗆		
ls t	Is there a change in Administrator/CEO information since FY13 SHIP application? Yes  No					No 🗆		
Hospital Na	Hospital Name:							
Address:								
City:	State:	Zip:	County:					
Phone:	Fax	:						
Administrator/CEO Name:			E-mail:					
SHIP Project Director Name: E-N (Individual responsible for managing SHIP-funded programme)				or the hospital)				

Number of beds per Line 14 of the most recently filed Medicare Cost Report\*:

Cost Reporting Period of most recently filed Medicare Cost Report:	_
Attach part I of Worksheet S-3 from most recently filed Medicare Cost Report (PPS Hospitals only).	

\*Note: If hospital reports a licensed bed count greater than 49 on Line 14 but staffs 49 beds or fewer, you may certify eligibility by submitting a written statement to the SORH that includes: 1) the number of staffed beds at the time of the most recent cost report submission, 2) the cost reporting period of the most recently filed cost report, and 3) the signature of the certifying official.

#### B. Planned FY14 (September 1, 2014 - August 31, 2015) Expenditures

Indicate the percent and dollar amount that will be used to support activities listed on the SHIP Purchasing Menu (page 3). **Total Requested Budget estimate: \$9,000 per hospital.** 

### Please follow these instructions/priorities:

- **a.** Hospitals may select more than 1 category to participate if priorities are followed and available funds exist.
- **b.** Please check applicable investments and measures on the SHIP Purchasing Menu.
- c. SHIP funded purchases are prioritized as follow:
  - 1. 1<sup>st</sup> Priority— Activities relating to **MBQIP** implementation and reporting (if that hospital has yet to register and transmit MBQIP data). Non-CAHs are exempt from this provision;
  - 2. 2<sup>nd</sup> Priority **HCAHPS and/or ICD-10** activities if that hospital is not in the process of implementing both systems. In no particular order, hospitals may select one or both,; and
  - 3. 3<sup>rd</sup> Priority If a hospital is already participating in all three of these activities, **MBQIP**, **HCAHPS**, and **ICD**-10, then that hospital may select a different activity listed on the SHIP Purchasing Menu.
  - 4. If a hospital has already completed ALL pre-selected investments (equipment and/or services) listed on the SHIP Purchasing Menu, that hospital may identify an alternative piece of equipment and/or service PROVIDED: a) this purchase will optimally affect a hospital's transformation into an accountable care organization, increase value based purchasing objectives, and/or aid in the adoption of ICD-10; and b) that hospital receives pre-approval from both their state SHIP director and the appropriate federal Office of Rural Health Policy project officer.

#### **2014** Changes to the SHIP Purchasing Menu:

- New "Care Transitions" category added
  - Note: the "Overall Outcome Measure: Decrease in hospital readmissions over last year" applies to all Care Transitions investments
- New "Payment Bundling/PPS" investments and corresponding measures added:
  - o F. Chargemaster review and/or update
  - o G. S-10 Cost Reporting
- New "Accountable Care Organizations/Shared Savings" investment and corresponding measure added:
  - E. Baldrige or systems performance training
- Investment moved from "Payment Bundling/PPS" to "Accountable Care Organizations/Shared Savings" category:
  - o F. Quality Health Indicator (QHi)
- Descriptions for each category revised to include broad purpose statement.

# SHIP Purchasing Menu: Planned FY14 (September 1, 2014 – August 31, 2015) Expenditures

Select (check) applicable investments and corresponding measures and indicate the dollar (\$) amount and percent (%) of FY14 requested budget that will be used to support the selected investments up to \$9000.

Category	Value-Based Purchasing (VBP)	Accountable Care Organizations or Shared Savings (ACOs)	Payment Bundling/PPS (PB/PPS)	Care Transitions	
Description	Activities that support improved data collection to facilitate quality reporting.	Activities that support the development of ACOs.	Activities that improve the revenue cycle process.	Activities that reduce hospital readmissions.	
Investments	□ A. Training specific to coordinating the collection of MBQIP measure(s') data and/or software that would enable the collection of data □ B. HCAHPS Software or Hardware □ C. Training Specific to HCAHPS implementation or further application □ D. Efficiency Training (Six Sigma or Lean) in 1 of the following areas: patient satisfaction, improving ER efficiency (ies), or efficiencies to clinical care delivery areas	□ A. Computerized Provider Entry □ B. Consultant Pharmacy Services □ C. Hardware/Software Related to Purchase of Disease Registry □ D. Efficiency Training (Six Sigma or Lean) in 1 of the following areas: non-clinical operations, board organization/operation, or multi- hospital\network projects □ E. Baldrige or systems performance training □ F. Quality Health Indicator (QHi)	□ A. ICD-10 Software     □ B. ICD-10 Training     □ C. QI or Efficiency Training (Six Sigma or Lean) in 1 of the following areas: financial improvement operational multi-hospital\network projects     □ D. Purchase of Six Sigma and/or Lean software     □ E. Chargemaster review and/or update     □ F. S-10 Cost Reporting	□ A. Emergency Department transfer communication improvement □ B. Training to reduce readmissions and/or infections □ C. Medical provider quality improvements □ D. Telemedicine or mobile health equipment □ E. Community Paramedicine equipment and/or training □ F. HIE subscription within state or region or adding direct address	
Budget	% \$	% \$	% \$	% \$	
Measures	<ul> <li>□ A. Training completed related to         MBQIP data collection</li> <li>□ B. Installation of HCAHPS software or         hardware</li> <li>□ C. Implementation and completion of         HCAHPS training</li> <li>□ D. Completion of Efficiency training         and project implementation with         identification of a specific         measure selection and target</li> </ul>	□ A. Implementation and/or training completed regarding use of a computerized provider entry system □ B. Implementation of a pharmacy consultant service with selection of a process measure to improve upon □ C. Implementation and/or training completed regarding use of a disease registry □ D. Completion of efficiency training, with identification of a specific measure selection and target. □ E. Completion of Baldrige or systems performance training □ F. Implementation and use of QHi indicator	□ A. Installation and use of ICD-10 software □ B. Implementation of ICD-10 training □ C. Implementation of an efficiency project, with identification of a specific measure selection and target □ D. Installation of Six Sigma or lean software □ E. Completion of chargemaster review and/or updated services □ F. S-10 Cost Reporting improvement	□ A. Implementation and/or training regarding ED transfer communications □ B. Complete training for reducing readmissions and/or infections □ C. Implementation and/or training of a medical provider quality improvement project □ D. Installation/use of telemedicine or mobile health equipment □ E. Installation/use of community Paramedicine equipment and/or completion of training □ F. Installation/use of state or region HIE or direct address □ Overall Outcome Measure: □ Decrease in hospital readmission rate over last year	

1.	Does the hospital participate in a Medicare Shared Saving	gs Program? Yes	□ No □	
2.	Is the hospital affiliated with a SHIP network (A network for If Yes, network name:	formed solely for	the purposes of SHIP?) Yes	□ No □
	If Yes, is this a new network (forming in FY14)?	Yes 🗆	No 🔲	
	If Yes, are FY14 funds allocated to this network?	Yes 🗆	No 🗆	
3.	Are FY14 SHIP funds allocated to any other network, i.e., programs/services that SHIP hospitals can "buy into" with If Yes, Network name:			IP that offers
4.	Would you like assistance from your SORH in becoming p	art of a SHIP net	work/consortium? Yes 🔲 No	o 🔲

C. SHIP Network Activities: Planned FY14 (September 1, 2014 – August 31, 2015)

## D. Reporting on Current Year FY13 (September 1, 2013 – August 31, 2014) Hospital Activities:

Select (check) investments that describe the use of FY13 funds and provide a brief description of the activities by category.

Category	Value-Based Purchasing (VBP)	Accountable Care Organizations or Shared Savings (ACOs)	Payment Bundling/PPS (PB/PPS)
Investments	□ A. Training specific to coordinating the collection of MBQIP measure(s') data and/or software that would enable the collection of data □ B. HCAHPS Software or Hardware □ C. Training Specific to HCAHPS implementation or further application □ D. Efficiency Training (Six Sigma or Lean) in 1 of the following areas: patient satisfaction, improving ER efficiency (ies), or efficiencies to clinical care delivery areas	□ A. Computerized Provider Entry □ B. Consultant Pharmacy Services □ C. Hardware/Software Related to Purchase of Disease Registry □ D. Efficiency Training (Six Sigma or Lean) in 1 of the following areas: non-clinical operations, board organization/operation, or multi-hospital\network projects	□ A. ICD-10 Software □ B. ICD-10 Training □ C. QI Training (Six Sigma or Lean) in 1 of the following areas: finance or operational multi- hospital\network projects □ D. Purchase of Six Sigma and/or Lean software □ E. Quality Health Indicator (QHi)
Description of Hospital Activities:			

- 1. Discuss progress in executing current year, FY13, hospital activities by SHIP category (VBP, ACO/Shared Savings, and Payment Bundling/PPS). Discuss any adjustments from your planned activities to your actual activities.
- 2. Discuss any challenges (current or anticipated) to completing current year, FY13, hospital activities and how they were or will be resolved, if applicable.

## E. Reporting on Current Year FY13 (September 1, 2013 – August 31, 2014) Network Activities (if applicable):

Discuss progress on FY13 network activities by SHIP category (VBP, ACO/Shared Savings, and Payment Bundling/PPS), including any needed adjustments. Indicate if the network is a SHIP network (formed solely for the purposes of SHIP) or other network (formed for purposes other than SHIP and offers programs/services that SHIP hospitals "bought into" with SHIP funds).

1. Discuss challenges (current or anticipated) to completing FY13 network activities and how they were/will be resolved, if applicable.

F. Recommendation	_
	15

Please list any recommendations you may have that could improve the Small Hospital Improvement Prograr	n.

G. FY	14 (September 1, 2014 – August 31, 2015) Award Preference		
□ th	My hospital would like to allocate FY14 SHIP funds (check one: <b>full</b> $\Box$ or <b>partial</b> e following network .	al 🔲 ) in the a	mount of \$ to
Or			
	My hospital would like all FY14 SHIP funds awarded directly to the hospital.		
H. Się	natures		
By sig	ning this document, you are affirming:		
a.	That your hospital has selected menu purchases based upon the specific selection Hospitals that do not follow purchase priorities, and/or purchase equipment/SHIP Purchasing Menu, will be subject to penalties including suspension from	services that a	are not listed on the
b.	That you are not only selecting a purchase, but also a measure that correlates will be expected to report to your State Office of Rural Health regarding progr		· ·
Please	complete the following:		
Quest	ions for CAHs only:		
	My hospital has signed-up for MBQIP My hospital is actively reporting MBQIP core measures to CMS Quality Net:	Yes □ Yes □	No 🗆
Quest	ions for all hospitals:		
	My hospital has begun to implement or has implemented HCAHPS: My hospital has begun to implement or has implemented ICD-10:	Yes □ Yes □	No 🗆
CEO S	gnature: Date:		

SHIP Project Director Signature: Date:

(Individual responsible for managing SHIP-funded project for the hospital)

Note: Final signature page must be sent hardcopy with original signatures following your emailed or faxed submission of the complete application.